Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11/04/2013	Address:	307 Mechanic St.
Incident #:	13ispc010985		Angola, IN
County:	Steuben		46703
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, ope		
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s): <u>Bathroom</u>			
☐ Flammable Solvents: <u>Bedroom</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: <u>Bathroom</u>			
Corrosive Base: <u>Bedroom</u>			
Other (item and location): Ammonia sulfate, Shed			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated le occurring: da	itions of home: clean disarray ngth of time manufacturing had been ays nformation:
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	nent City, Township or County <u>Angola</u> truent County: <u>Steuben County</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: healt	: Mmeek@angolain.org hdept@co.steuben.in.us ax: 317-234-7595 or 317-234-7596
	ormation regarding this methamphetar Officer: <u>Sgt. M. Weber 5058</u> Phon	nine laboratory, cont e <u>260-432-8661</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.